

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. B. McCaw, of Columbia.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
 3810

(1) PLACE OF BIRTH
 County of Horry
 Township of Synches
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3010 Registered No. 4
 (For use of Local Registrar)

(2) Full Name of Child Grover Cleveland { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 1, 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Grover Cleveland
 (9) PRESENT POSTOFFICE OF FATHER Leawards, SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Wadesboro NC
 (13) OCCUPATION Salesman
 (20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE May German
 (15) PRESENT POSTOFFICE OF MOTHER Leawards SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Wadesboro NC
 (19) OCCUPATION Housekeeper
 (21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1130 Am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Graham, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M. D. Leawards, SC

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
B. F. McGowery
 (27) Filed 11 191____ (28) B. F. McGowery Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar _____
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